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Practitioner's Docket No. 70342/48,194

PATENT

TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Fujino

Application No.: 09/257,650

Group No.: 1646

Filed: 02/25/1999

Examiner: O'Hara, E.

For: USE AND SCREENING METHOD FOR AN ABERRANT GENE PRODUCT OPERATING
SUBSTANCE

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1) for one month:

12/04/2001 MGE BREM1 00000104 09257650

Fee: \$110.00

02 FC:115

110.00 0P

CERTIFICATE OF MAILING/TRANSMISSION(37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Signature

Donna M. Tomaso

(type or print name of person certifying)

Date: July 25, 2001

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	35	Minus	26	=9	x \$18. =	\$162.00
Indep.	8	Minus	7	=0	x \$0. =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total	\$162.00
					Addit. Fee	\$162.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write AO= in Col. 3,
** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20=.
*** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3=.
The AHighest No. Previously Paid For= (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

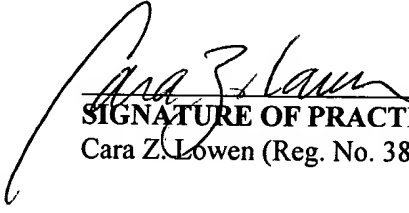
FEE PAYMENT

5. Attached is a check in the sum of \$272.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

Date: October 18, 2001


SIGNATURE OF PRACTITIONER
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